
INDIANA COMMISSION ON PROPRIETARY EDUCATION

Board of Commissioners Meeting Memorandum

Date: November 7, 2005

From: Rebecca Carter, Director of Regulatory Compliance

**Subject: BROWN MACKIE COLLEGE – SOUTH BEND
NEW DEGREE APPLICATIONS**

Staff Recommendation

The staff recommends that Brown Mackie College – Indianapolis be given the authority to award the Associate of Science degree in the following programs:

(AS) - Gerontology

(AS) – Health Care Administration

Background Information

The Accrediting Commission for Independent Colleges and Schools (ACICS) accredits Brown Mackie College – South Bend. This is the fourth Brown Mackie College campus that Education Management Corporation owns in Indiana.

Each program is comprised of 96-credit quarter hours of training; the courses of 50% in The faculty meets the minimum criteria for each program.

Supportive Documentation

1. Degree Application
2. Instructor Qualification Record forms

**INDIANA COMMISSION ON
PROPRIETARY EDUCATION
DEGREE APPLICATION**

Name of Institution Brown Mackie College – South Bend

Name of Program Gerontology

Level of Degree (AAS, AS, AA, BAS, BA, BS, MBA, MAS, MA, MS, Ph.D.) AS

Name of Person Preparing this Form Jean A. Wisuri, Academic Affairs Specialist

Date the Form was Prepared August 24, 2005

I. PROGRAM OBJECTIVES: Describe what the program is designed to achieve and explain how it is structured in order to accomplish the objectives.

Gerontology Program description:

The associate degree in Gerontology introduces the student to the biological, social, and psychological process of the aging process and how it impacts the health care industry. By simultaneously preparing the student with the technical knowledge and skills necessary to enter the administrative structure of the contemporary world of health care as it relates to an aging population, the student will be able to fill any of a variety of entry-level positions in a health care or social service setting that specializes in serving seniors. A graduate will be prepared for entry-level administrative positions in hospitals, clinics, health care insurance offices, home health care agencies, public health settings, and any other health care or health care related organization.

Gerontology Program degree objectives:

The program objectives of the Associate of Science in Gerontology are to:

1. Give the student an understanding of the unique facets of the bio/socio/psychological aspects of aging.
2. Allow the student to be introduced to the aspects of residential and long-term care.
3. Provide the student an overview of the law as it relates to the aging population.
4. Introduce the student to the ethics that face the medical industry.
5. Teach the student how to manage health care information.
6. Enable the student to communicate effectively and therapeutically with clients, co-workers, visitors and other individuals they will interact within a health care setting.

II. PROGRAM STRUCTURE: List all courses in the program. Indicate course name, number, and number of credit hours or clock hours for each course.

NAME OF PROGRAM: Gerontology

TOTAL CREDIT HOURS: 96 **Designate:** **QUARTER HOURS:** 96 **or**
SEMESTER HOURS: **/TOTAL CLOCK HOURS:** 1236 **(if applicable)**

LENGTH OF PROGRAM: 24 MONTHS **TUITION:** \$17,184.00

SPECIALTY COURSES:

<u>Course Number</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Clock Hours</u>
CM2500	MEDICAL ETHICS	4	48
GR1000	INTRODUCTION TO RESIDENTIAL AND LONG TERM CARE	4	48
GR1140	ELDER LAW	4	48
GR1250	SOCIAL ASPECTS OF AGING	4	48
GR1361	BIOLOGY OF AGING	4	48
GR1250	SOCIAL ASPECTS OF AGING	4	48
GR2900	ADMINISTRATION IN GERONTOLOGY EXTERNSHIP	4	120
HC1000	INTRODUCTION TO HEALTH CARE SERVICES	4	48
HC1400	MANAGING HEALTH CARE INFORMATION	4	50
ME1110	MEDICAL TERMINOLOGY	4	48
ME1215	PROFESSIONALISM AND COMMUNICATION IN A HEALTH CARE SETTING	4	48
ME1500	MEDICAL ADMINISTRATIVE PRACTICES	4	50

GENERAL EDUCATION / LIBERAL ARTS COURSES:

CF1100	*PROFESSIONAL DEVELOPMENT	4	48
CM1200	*EFFECTIVE PUBLIC SPEAKING	4	48
EN1101	*COMPOSITION I	4	48
EN1103	*COMPOSITION II	4	48
EN1200	*BUSINESS COMMUNICATIONS	4	48
EN2000	*INTRODUCTION TO LITERATURE	4	48
MC1150	*INTRODUCTION TO MICROCOMPUTER APPLICATIONS	4	50
MC1211	SPREADSHEETS I	4	50
MC1311	WORD PROCESSING I	4	50
MC1700	PROFESSIONAL PRESENTATION TECHNIQUES	4	50
PS1200	*PRINCIPLES OF PSYCHOLOGY	4	48
SO1200	*PRINCIPLES OF SOCIOLOGY	4	48

**Indicates a liberal arts course*

Number of Credit/Clock Hrs. in Specialty Courses: 48/ Percentage: 50%

Number of Credit/Clock Hrs. in General Courses: 12 / Percentage: 15%

If applicable:

Number of Credit/Clock Hrs. in Liberal Arts Courses: 36 / Percentage: 35%

III. **FACULTY:** Attach completed Instructor's Qualification Record for each instructor.

** Include all supporting documentation pertaining to the qualifications of each instructor.

Total # of Faculty in the Program: 10 Full-time: 5 Part-time: 5

Fill out form below: (PLEASE LIST NAMES IN ALPHABETICAL ORDER.)

List Faculty Names	Degree or Diploma Earned	# of Years of Working Experience in the Specialty	# of Years Teaching at Your School	# at Other	Full-time	Part-time
Richard Comden	BS, MS, A+ certification, MCP	5	5	0	X	
Arthea Estridge	BA, MS	9	9	0	X	
Michaela Meagher	BA, MS	11	3	8	X	
Paula Mitchell	AAS, CMA	14	1	0	X	
Linda Sayre	BS, MS	35	20	10	X	
Lisa Gay	BSN	6	6 mos	0		X
Paula Moreland	AAS	6	5 mos	0		X
Deb Paul	AAS, CMA	19	7	0		X
Stephanie Scharf	BS, MSW	25	1	0		X
Sheila Smith	D.Ed	20	3	13		X

IV. LIBRARY: Please provide information pertaining to the library located in your institution.

1. Location of library; Hours of student access; Part-time, full-time librarian/staff:

The library is centrally located on the first floor. A full-time librarian works a split shift to accommodate day and evening student needs. The library hours are:

Monday, Tuesday and Friday: 8am-1pm; 4pm-8pm

Wednesday: 8am-1pm

Friday: 8am-1pm; 2pm-5pm

2. Number of volumes of professional material:

Brown Mackie College-South Bend's library houses 1,874 volumes with 195 professional titles and 192 videos for check-out by students.

3. Number of professional periodicals subscribed to:

The library offers 51 different periodicals and 3 newspapers. Brown Mackie College-South Bend also offers Inspire for online periodicals and journals.

4. Other library facilities in close geographical proximity for student access:

Brown Mackie College-South Bend students have access to the following local libraries: St. Joseph County Library; Notre Dame Library; Indiana State University at South Bend and interlibrary loan through the Indiana Cooperative Library Services Authority (INCOLSA) which gives students access to libraries across the state of Indiana.

If you have any questions pertaining to the required standards for degree granting approval, please refer to 570 IAC 10.

Doc.: degreapp

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Gray Lisa A.
(Last) (First) (Middle)

NAME OF INSTITUTION: Brown-Mackie - South Bend

Specific Courses that You Teach in Program: CPR, renewal training for basic E.M.T.'s

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
St. Jo. Hosp.	LaPaz Fire Dept	CPR	have taught for 5-6 yrs.
" " "	St. Joseph Reg Med Ctr - Plymouth	CPR	taught for 2 yrs.
Memorial Hosp.	Union-Id. Ambulance service	renewal training for EMT's	8 yrs.
Bethel College	Mishawaka IN	Nursing ADN	97-99
Bethel College	"	Nursing BSN	99
Applicable Experience	Location	Exact Nature of Experience deliveries + care of infants + mothers	Employment Period From: To:
St. Joseph Reg. Med Ctr.	Plymouth	Ob nurse	3 1/2 yrs.
" " "	" " "	Surgery nurse	6 mos.
Behavioral Health Care	Plymouth	mental health tech	1 yr. prn
Allied Physicians	817 cedar St. So. Bend	staff nurse	8 mos.
Bethel College Nursing Advisory Board	- member		< 1 yr.

I certify that the above information is correct to the best of my knowledge.

Lisa A. Gray
SIGNATURE OF INSTRUCTOR

1/6/05
DATE

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

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NAME: Meagher MICHAELA M
(Last) (First) (Middle)

NAME OF INSTITUTION: MICHIGANA College Brown Mackie - S. Bend

Specific Courses that You Teach in Program: Speech

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
Nazareth College	Rochester, NY	Theatre	87-89
Indiana University	South Bend	Theatre	89
"	Bloomington	"	90-92
"	South Bend	/Education	97-02
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Teacher	Elkhart Comm. Schol	English as Second Lang	94-98
Teacher	St. Thomas	English/Earth Science	98-2000
Teacher	Pennthru-Museum	English	01-02

I certify that the above information is correct to the best of my knowledge.

Michael M Meagher
SIGNATURE OF INSTRUCTOR

9/09/02
DATE

COMMISSION ON PROPRIETARY EDUCATION

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NAME: Mitchell Paula S.
(Last) (First) (Middle)

NAME OF INSTITUTION: Brown Mackie College

Specific Courses that You Teach in Program: _____

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
AS in Applied Science in Medical Assist	IV Tech State College, S.B. IN.	Medical Assisting	1999 - 2002
Certification for CMA	South Bend	Medical Assist. Cert.	2002
Basic Life Support / CPR	South Bend	CPR / Basic Life Support	2002 / 2004
Indiana Dept Health Tuberculosis Education	South Bend	Mantoux tuberculin skin testing	3/20/02
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Michiana Pediatrics	South Bend Clinic	Triage phone calls Assisted in lab / Drs.	5/01 5/02
Dr. Rzesutko	South Bend Clinic	Assist w/ Pt. care Venipuncture, ekg, injections etc.	5/02 12/03
Goshen Health Dr. Shelly / Deb Gunden	Goshen Health WP Systems	Drug Assist. Program Pt. care, Venipuncture, ekg, inject etc.	12/03 3/04

I certify that the above information is correct to the best of my knowledge.

Paula Mitchell
SIGNATURE OF INSTRUCTOR

11-23-04
DATE

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

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NAME: MORELAND PAULA A.
 (Last) (First) (Middle)

NAME OF INSTITUTION: BROWN MACKIE COLLEGE - SOUTH BEND, IN

Specific Courses that You Teach in Program: MA PROGRAM

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
SMC	DOWAGITCH MI	ASSOC. DEGREE RN	1989 - 1991
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
MEMORIAL HOSP.	SOUTH BEND, IN	TRIAGE RN, HOME VST RN	1/3/2003 - 8/2003 To: 3/2004 1/2
ST. JOSEPH REG. ME	SOUTH BEND IN	STAFF RN	10/1999 - 3/2003
LAKELAND REG. MED CTR	NILES MI	STAFF RN, SUPERVISOR, EDUCATION	1/1992 - 10/1999

I certify that the above information is correct to the best of my knowledge.

Paula Moreland
 SIGNATURE OF INSTRUCTOR

2/25/05
 DATE

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

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NAME: Paul Debra J.
(Last) (First) (Middle)

NAME OF INSTITUTION: Brown Mackie
Michiana College South Bend

Specific Courses that You Teach in Program: All Core Curriculum Courses in Medical

Assisting

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
Tri-State University	South Bend, IN	Business Management	8/2002 to Current
Ivy Tech State College	South Bend, IN	Associates of Applied Science in Medical Assisting	8/18/01 to 8/20/02
Ivy Tech State College	South Bend, IN	Technical Certificate in Medical Assisting	5/86 8/87
////////////////////////////////	////////////////////////////////	////////////////////////////////	////////////////////////////////
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Internal Medicine Associates	720 E. Cedar St. South Bend, IN	Back office and front office duties	8/86 12/88
Michael J. O'Connell, D.V. Inc.	2505 E. Jefferson South Bend, IN	Front and back office duties	2/90 10/95
Pavilion Family Medicine	707 E. Cedar South Bend, IN	Front office duties	12/95 10/97
Cambridge Family Medicine	314 W. Catalpa Mishawaka, IN	Back office duties	10/97 3/99

I certify that the above information is correct to the best of my knowledge.

Debra J. Paul
SIGNATURE OF INSTRUCTOR

6/5/03
DATE

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Sayre, Linda K.
 (Last) (First) (Middle)

NAME OF INSTITUTION: Brown Machie Michiana College - South Bend

- Specific Courses that You Teach in Program: Word Processing Concepts, Keyboarding, English I, II & Written Communications
Professional Development, Business Org. & Mgmt., Positive Skills

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
Pittsburg State Univ.	Pittsburg, KS	MA in Business Ed.	1968
Pittsburg State Univ.	Pittsburg, KS	BS in Business Ed.	1963 - 1967
////////////////////	////////////////////	////////////////////	////////////////////
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Pittsburg State Univ.	Pittsburg, KS	Instructor	1976
Southeast High School	Cherokee, KS	Business Instructor	1968-71

I certify that the above information is correct to the best of my knowledge.

Linda K Sayre
 SIGNATURE OF INSTRUCTOR

2/16/96
 DATE

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Scharf Stephanie Jane
(Last) (First) (Middle)

NAME OF INSTITUTION: Michiana College

Specific Courses that You Teach in Program: Psychology, Sociology

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
B.S. University of Illinois	Urbana-Champaign IL	Psychology	72 76
M.S.W. University of Illinois	Chicago	Social Work	78 80
////////////////////	////////////////////	////////////////////	////////////////////
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
State of Illinois	Chicago, IL	Social Work, case management	80 To: 85
Planned Parenthood Madison Center	South Bend, IN	Education, social work	99 - 04
Sex Abuse Prevention	Madison Center	Prevention Education	92 - current

I certify that the above information is correct to the best of my knowledge.

Stephanie Scharf
SIGNATURE OF INSTRUCTOR

08-02-04
DATE

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: SMITH SHEILA ANN
(Last) (First) (Middle)

NAME OF INSTITUTION: Brown Mackie - South Bend
MICHIGAN College

Specific Courses that You Teach in Program: Principles of Psychology

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
GEORGIA STATE UNIV	ATLANTA, GA	COUNSELING	1975-1976
WESTERN MICHIGAN UNIV	KALAMAZOO, MI	COUNSELING Psychology	1983-1989
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
THERAPIST CLINICAL	Washington St So. Bend, IN	THERAPIST - WORKING with MENTALLY	
ASSISTANT PROFESSOR OF Psychology	MANCHESTER College, IN	TAUGHT INTRO (II) TO Psy, DEV Psy, ABNORMAL Psy, Adolescent Psy	2000-2001
ASSISTANT PROFESSOR OF Psychology	IUSB SO. BEND, IN	TAUGHT ED Psy	FALL, 2001
JORDAN College	BENTON HARBOR MICH	TAUGHT: INTRO to Psy DEV Psy, ABNORMAL Psy, MARRIAGE & FAMILY	1985-1995

I certify that the above information is correct to the best of my knowledge.

Sheila Smith
SIGNATURE OF INSTRUCTOR

3-1-02
DATE

**INDIANA COMMISSION ON
PROPRIETARY EDUCATION
DEGREE APPLICATION**

Name of Institution Brown Mackie College – South Bend

Name of Program Health Care Administration

Level of Degree (AAS, AS, AA, BAS, BA, BS, MBA, MAS, MA, MS, Ph.D.) AS

Name of Person Preparing this Form Jean A. Wisuri, Academic Affairs Specialist

Date the Form was Prepared August 24, 2005

I. PROGRAM OBJECTIVES: Describe what the program is designed to achieve and explain how it is structured in order to accomplish the objectives.

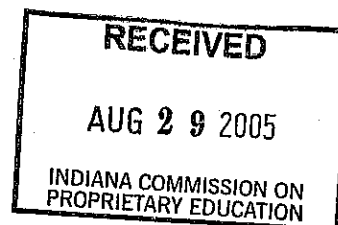
Health Care Administration program description:

This program prepares the student to understand all the components that are essential to providing management and organizational support in the health care industry. A student will be exposed to various health care systems and will learn multiple aspects of health care administration while simultaneously be trained in the clinical aspects of providing health care to the general population. A graduate will be prepared for entry level administrative positions in hospitals, clinics, health care insurance offices, home health care agencies, public health settings, and any other health care related organization.

Health Care Administration degree objectives:

The program objectives of the Associate of Science in Health Care Administration are to:

1. Introduce students to the continuum of health care services.
2. Give students the basics of human disease and how those diseases impact the structure of health care.
3. Enable the student to understand the financial management of health care and to interpret and present financial data in an administrative setting.
4. Help the student understand and perform basic medical coding procedures.
5. Introduce the student to the ethics that face the medical industry.
6. Teach the student how to manage health care information.
7. Enable the student to communicate effectively and therapeutically with clients, co-workers, visitors and other individuals they will interact with in a health care setting.



II. **PROGRAM STRUCTURE:** List all courses in the program. Indicate course name, number, and number of credit hours or clock hours for each course.

NAME OF PROGRAM: Health Care Administration

TOTAL CREDIT HOURS: 96 Designate: QUARTER HOURS: 96 or
SEMESTER HOURS: /TOTAL CLOCK HOURS: 1242 (if applicable)

LENGTH OF PROGRAM: 24 MONTHS TUITION: \$17,184.00

SPECIALTY COURSES:

<u>Course Number</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Clock Hours</u>
CM2500	Medical Ethics	4	48
HC1000	Introduction to Health Care Services	4	48
HC1361	Human Diseases	4	48
HC1400	Managing Health Care Information	4	50
HC 2900	Health Care Administration Externship	4	120
ME1110	Medical Terminology	4	48
MC1400	Database Applications	4	50
ME1215	Professionalism & Communications in a Health Care Setting	4	48
ME1500	Medical Administrative Practices	4	50
ME1560	Computerized Diagnostic Coding	4	48
MT1650	Medical Math and Calculations	4	50
PH1301	Pharmacy I	4	50

GENERAL EDUCATION / LIBERAL ARTS COURSES:

CF1100	*Professional Development	4	48
CM1200	*Effective Public Speaking	4	48
EN1101	*Composition I	4	48
EN1102	*Composition II	4	48
EN1200	*Business Communications	4	48
EN2000	*Introduction to Literature	4	48
MC1150	*Introduction to Microcomputer Applications	4	50
MC1211	Spreadsheets I	4	50
MC1311	Word Processing I	4	50
MC1700	Professional Presentation Techniques	4	50
PS1200	*Principles of Psychology	4	48
SO1200	*Principles of Sociology	4	48

**Indicates a liberal arts course*

Number of Credit/Clock Hrs. in Specialty Courses: 48 / Percentage: 50%

Number of Credit/Clock Hrs. in General Courses: 12 / Percentage: 15%

If applicable:

Number of Credit/Clock Hrs. in Liberal Arts Courses: 36 / Percentage: 35%

III. **FACULTY:** Attach completed Instructor's Qualification Record for each instructor.
 **. Include all supporting documentation pertaining to the qualifications of each instructor.

Total # of Faculty in the Program: 10 Full-time: 5 Part-time: 5

Fill out form below: (PLEASE LIST NAMES IN ALPHABETICAL ORDER.)

List Faculty Names	Degree or Diploma Earned	# of Years of Working Experience in the Specialty	# of Years Teaching at Your School	# at Other	Full-time	Part-time
Richard Comden	BS, MS, A+ certification, MCP	5	5	0	X	
Arthea Estridge	BA, MS	9	9	0	X	
Michaela Meagher	BA, MS	11	3	8	X	
Paula Mitchell	AAS, CMA	14	1	0	X	
Linda Sayre	BS, MS	35	20	10	X	
Lisa Gay	BSN	6	6 mos	0		X
Paula Moreland	AAS, RN	6	5 mos	0		X
Deb Paul	BS, AAS, CMA	19	7	0		X
Stephanie Scharf	BS, MSW	25	1	0		X
Sheila Smith	D.Ed	20	3	13		X

IV. LIBRARY: Please provide information pertaining to the library located in your institution.

1. Location of library; Hours of student access; Part-time, full-time librarian/staff:

The library is centrally located on the first floor. A full-time librarian works a split shift to accommodate day and evening student needs. The library hours are:

Monday, Tuesday and Friday: 8am-1pm; 4pm-8pm

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Friday: 8am-1pm; 2pm-5pm

2. Number of volumes of professional material:

Brown Mackie College-South Bend's library houses 1,874 volumes with 195 professional titles and 192 videos for check-out by students.

3. Number of professional periodicals subscribed to:

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4. Other library facilities in close geographical proximity for student access:

Brown Mackie College-South Bend students have access to the following local libraries: St. Joseph County Library; Notre Dame Library; Indiana University at South Bend and interlibrary loan through the Indiana Cooperative Library Services Authority (INCOLSA) which gives students access to libraries across the state of Indiana.

If you have any questions pertaining to the required standards for degree granting approval, please refer to 570 IAC 10.

Doc.: degreapp

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Comden Richard Charles
 (Last) (First) (Middle)

NAME OF INSTITUTION: Michiana College

Specific Courses that You Teach in Program: Introduction to Keyboarding &
Computer Applications; Word Processing I; Word Processing II; Computer
Research and Writing; PC Communications

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance	
			From:	To:
MCP in Computers	IKON South Bend	Microsoft Certification	4/2000	9/2000
A+ Certification	IKON South Bend	Computer Hardware Certification	3/2000	4/2000
Master's Degree	IUSB	Public and Environmental Affairs	1996	2000
Bachelor of Science	Grace College	Psychology	1985	1989
////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
Applicable Experience	Location	Exact Nature of Experience	Employment Period	
			From:	To:
Computer Instructor/Technician	Michiana College	Instructed Computer classes & services lab computers	12/2000	present
Computer Technician	Notre Dame	Contracted to install and configure student computers	10/2000	2 week contract

I certify that the above information is correct to the best of my knowledge.


 SIGNATURE OF INSTRUCTOR

1-30-02
 DATE

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Estridge, Arthene Z.
(Last) (First) (Middle)

NAME OF INSTITUTION: Michiana College

Specific Courses that You Teach in Program: Composition I+II, Fundamentals of English

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
Indiana University Bloomington, In.	Bloomington, IN	English	1970 (Summer) - 1974 (August)
Indiana University	South Bend, IN	Teaching Certification (Secondary)	1988 - 1993
Indiana University	South Bend, IN	MA / Secondary Education	1993 - 1997
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Writing lab tutor	Indiana University South Bend	Tutored students needing writing assistance.	Volunteer initially - paid employee Fall 1992
Teaching Assistant	South Bend Community Schools - South Bend	Assisted handicapped students w/ Reading, Math, Social	December 1991 - September 1991
Student Teacher	Jackson M.S. South Bend, IN	Taught reading to 6-8th grade students.	Summer 1991
Student Teacher	Elkhart Community Schools Elkhart, IN	Created & implemented lessons in high school English classes.	Spring 1993
Goose Lake Instructor	Indiana University	Created & implemented lessons for an Ed. Course - Exp. the personal demands of teaching.	Jan 1997 - April 1997

I certify that the above information is correct to the best of my knowledge.

Arthene Estridge
SIGNATURE OF INSTRUCTOR

1-25-02
DATE

COMMISSION ON PROPRIETARY EDUCATION

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NAME: Meagher MICHAELA M
(Last) (First) (Middle)

NAME OF INSTITUTION: MICHIANA College

Specific Courses that You Teach in Program: Speech

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
Nazareth College	Rochester, NY	Theatre	87-89
Indiana University	South Bend	Theatre	89
"	Bloomington	"	90-92
"	South Bend	/Education	97-02
////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Teacher	Elkhart Comm School	English as Second Lang	94-98
Teacher	St. Thomas	English/Earth Science	98-2000
Teacher	Pennthru Mission	English	01-02

I certify that the above information is correct to the best of my knowledge.

Michael M Meagher
SIGNATURE OF INSTRUCTOR

9/09/02
DATE

COMMISSION ON PROPRIETARY EDUCATION

INSTRUCTOR'S QUALIFICATION RECORD

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NAME: Mitchell Paula S.
(Last) (First) (Middle)

NAME OF INSTITUTION: Brown Mackie College

Specific Courses that You Teach in Program: _____

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
AAS in Applied Science in Medical Assist	Ivy Tech State College, S.B. IN.	Medical Assistant	1999 - 2002
Certification for CMA	South Bend	Medical Assist. Cert.	2002
Basic Life Support/ CPR	South Bend	CPR / Basic Life Support	2002/2004
Indiana Dept Health Tuberculosis education	South Bend	Mantoux tuberculin skin testing	3/20/02
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Michiana Pediatrics	South Bend Clinic	Triage phone calls Assisted in lab/ Drs.	5/01 5/02
Dr. Rzeszutko	South Bend Clinic	Assist w/ Pt. care: Venipuncture, ekg, injections etc.	5/02 12/03
Goshen Health Dr. Shelly/Deborah	Goshen Health Systems	Drug Assist. program, Pt. care, Venipuncture, ekg, inject etc.	12/03 3/04

I certify that the above information is correct to the best of my knowledge.

Paula Mitchell
SIGNATURE OF INSTRUCTOR

11-23-04
DATE

COMMISSION ON PROPRIETARY EDUCATION

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NAME: Sayre, Linda K.
 (Last) (First) (Middle)

NAME OF INSTITUTION: Michiana College - South Bend

- Specific Courses that You Teach in Program: Word Processing Concepts,
Keyboarding, English I, II & Written Communications
Professional Development, Business Org. & Mgmt., Positive Skills

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
Pittsburg State Univ.	Pittsburg, KS	MA in Business Ed.	1968
Pittsburg State Univ.	Pittsburg, KS	BS in Business Ed.	1963 - 1967
////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Pittsburg State Univ.	Pittsburg, KS	Instructor	1976
Southeast High School	Cherokee, KS	Business Instructor	1968-71

I certify that the above information is correct to the best of my knowledge.

Linda K Sayre
 SIGNATURE OF INSTRUCTOR

8/16/96
 DATE

COMMISSION ON PROPRIETARY EDUCATION

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NAME: Gray Lisa A.
(Last) (First) (Middle)

NAME OF INSTITUTION: Brown-Mackie

Specific Courses that You Teach in Program: CPR, renewal training for basic E.M.T.'s

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
St. Jo. Hosp.	LaPaz Fire Dept	CPR	have taught for 5-6 yrs.
" " "	St. Joseph Reg Med Ctr - Plymouth	CPR	taught for 2 yrs.
Memorial Hosp.	Union-Wo. Ambulance Service	renewal training for EMT's	8 yrs.
Applicable Experience	Location	Exact Nature of Experience deliveries & care of infants + mothers	Employment Period From: To:
St. Joseph Reg. Med Ctr.	Plymouth	OB nurse	3 1/2 yrs.
" " "	" " "	surgery nurse	6 mos.
Behavioral Health Care	Plymouth	mental health tech	1 yr. prn
Allied Physicians	817 Cedar St. So. Bend	staff nurse	8 mos.
Bethel College Nursing Advisory Board		member	< 1 yr.

I certify that the above information is correct to the best of my knowledge.

Lisa A. Gray
SIGNATURE OF INSTRUCTOR

1/6/05
DATE

COMMISSION ON PROPRIETARY EDUCATION

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NAME: MORELAND PAULA A.
(Last) (First) (Middle)

NAME OF INSTITUTION: BROWN MACKIE COLLEGE - SOUTH BEND, IN

Specific Courses that You Teach in Program: MA PROGRAM

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
SMC	DDWAGIAC MI	ASSOC. DEGREE RN	1989 - 1991
////////////////////	////////////////////	////////////////////	////////////////////
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
MEMORIAL PDSP.	SOUTH BEND, IN	TRIAGE RN, HOME VST RN	03/2003 - 8/2003
ST. JOSEPH REG. MC	SOUTH BEND IN	STAFF RN	10/1999 - 3/2003
LAKELAND REG. MED CTR	NILES MI	STAFF RN, SUPERVISOR, EDUCATION	1/1992 - 10/1999

I certify that the above information is correct to the best of my knowledge.

Paula Moreland
SIGNATURE OF INSTRUCTOR

2/25/05
DATE

COMMISSION ON PROPRIETARY EDUCATION

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NAME: Paul Debra J.
 (Last) (First) (Middle)

NAME OF INSTITUTION: Michiana College South Bend

Specific Courses that You Teach in Program: All Core Curriculum Courses in Medical Assisting

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
Tri-State University	South Bend, IN	Business Management	8/2002 to Current
Ivy Tech State College	South Bend, IN	Associates of Applied Science in Medical Assisting	8/18/01 to 8/20/02
Ivy Tech State College	South Bend, IN	Technical Certificate in Medical Assisting	5/86 8/87
////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Internal Medicine Associates	720 E. Cedar St. South Bend, IN	Back office and front office duties	8/86 12/88
Michael J. O'Connel, D.V. Inc.	2505 E. Jefferson South Bend, IN	Front and back office duties	2/90 10/95
Pavilion Family Medicine	707 E. Cedar South Bend, IN	Front office duties	12/95 10/97
Cambridge Family Medicine	314 W. Catalpa Mishawaka, IN	Back office duties	10/97 3/99

I certify that the above information is correct to the best of my knowledge.

Debra A. Paul
 SIGNATURE OF INSTRUCTOR

6/5/03
 DATE

COMMISSION ON PROPRIETARY EDUCATION

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NAME: Scharf Stephanie Jane
(Last) (First) (Middle)

NAME OF INSTITUTION: Michiana College

Specific Courses that You Teach in Program: Psychology, Sociology

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
B.S. University of Illinois	Urbana-Champaign IL	Psychology	72 76
M.S.W. University of Illinois	Chicago	Social Work	78 80
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
State of Illinois	Chicago, IL	Social Work, case management	80 To: 85
Planned Parenthood Madison Center	South Bend, IN	Education, social work	99 - 04
Sex Abuse Prevention	Madison Center	Prevention Education	92 - current

I certify that the above information is correct to the best of my knowledge.

Stephanie Scharf
SIGNATURE OF INSTRUCTOR

08-02-04
DATE

COMMISSION ON PROPRIETARY EDUCATION

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NAME: SMITH SHEILA ANN
(Last) (First) (Middle)

NAME OF INSTITUTION: MICHIANA College

Specific Courses that You Teach in Program: PRINCIPLES OF Psychology

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
GEORGIA STATE UNIV	ATLANTA, GA	COUNSELING	1975-1976
WESTERN MICHIGAN UNIV	KALAMAZOO, MI	COUNSELING Psychology	1983-1989
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
THERAPIST CLINICAL	Washington St So. Bend, IN	THERAPIST - WORKING with MENTALLY ILL	
ASSISTANT PROFESSOR OF Psychology	MANCHESTER College, IN	TAUGHT INTRO TO Psy, DEV Psy, ABNORMAL Psy, Adolescent Psy	2000-2001
ASSISTANT PROFESSOR OF Psychology	IUSB SO. BEND, IN	TAUGHT ED Psy	FALL, 2001
JORDAN College	BENTON HARBOR MICH	TAUGHT: INTRO to Psy DEV Psy, ABNORMAL Psy, MARRIAGE & FAMILY	1985-1995

I certify that the above information is correct to the best of my knowledge.

Sheila Smith
SIGNATURE OF INSTRUCTOR

3-1-02
DATE